Department of Health & Human Services
DHHS
NEBRASKA

Division of Medicaid and Long-Term Care

State of Nebraska
Pete Ricketts, Governor

PROVIDER BULLETIN

No. 15-61

DATE: December 18, 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 November 2015, the Nebraska Medicaid Pharmaceutical and Therapeutics Committee reviewed thirty-four therapeutic classes of drugs on the preferred drug list (PDL). Changes to the reviewed therapeutic classes are listed in *italics* on the posted PDL and will be implemented **January 13, 2016**. The list which follows includes the changes only and is not the complete PDL.

***CHANGES* in drug classes are listed below:**		
THERAPEUTIC DRUG CLASS	**PREFERRED DRUGS**	**NON-PREFERRED DRUGS**
ALZHEIMER'S DRUGS	Memantine (Generic for Namenda)	NAMENDA (Memantine)
		NAMENDA XR (Memantine ER) NAMZARIC (Memantine/Donepezil)
ANTIHYPERURICEMICS		Colchicine (Generic for Colcrys)
OTHER ANTIPARKINSON'S DRUGS		RYTARY (Carbidopa/Levodopa)
	Levodopa/Carbidopa/Entacapone (Generic for Stalevo)	STALEVO (Levodopa/Carbidopa/Entacapone)
BILE SALTS		CHOLBAM (Cholic Acid)
BRONCHODILATORS, BETA AGONIST	PROAIR HFA (Albuterol) SEREVENT (Salmeterol)	PROAIR RESPICLICK (Albuterol) STRIVERDI RESPIMAT (Olodaterol)
COPD AGENTS		INCRUSE ELLIPTA (Undeclidinium) STIOLTO RESPIMAT (Tiotropium/Olodaterol)
CYTOKINE & CAM ANTAGONISTS		COSENTYX (Secukinumab)
GLUCOCORTICOIDS,	AEROSPAN (Flunisolide)	ARNUITY ELLIPTA (Fluticasone)

INHALED		ASMANEX **HFA** (Mometasone) FLOVENT DISKUS (Fluticasone) FLOVENT HFA (Fluticasone) PULMICORT FLEXHALER (Budesonide)
INTRANASAL RHINITIS DRUGS		ASTEPRO (Azelastine) NASONEX (Mometasone)
LEUKOTRIENE MODIFIERS		ACCOLATE (Zafirlukast)
NSAIDS, (Oral)	Diclofenac SR (Generic for Voltaren-XR)	Diclofenac Potassium (Generic for Cataflam) Flurbiprofen (Generic for Ansaid) Ketoprofen (Generic for Orudis, Oruvail) Meclofenamate (Generic for Meclomen) Naproxen Sodium (Generic for Anaprox) TIVORBEX (indomethacin)
ONCOLOGY AGENTS, ORAL	Temozolomide (Generic for Temodar)	TEMODAR (Temozolomide)
	FARYDAK (Panobinostat) IBRANCE (Palbociclib) LENVIMA (Lenvitanib) LYNPARZA (Oloparib)	
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS		BLEPHAMIDE (Prednisolone, and Sulfacetamide) BLEPHAMIDE S.O.P.
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	PAZEO (Olopatadine 0.7%)	
OPHTHALMICS, ANTI-INFLAMMATORIES		FML FORTE (Fluorometholone 0.25%) FML S.O.P. (Fluorometholone 0.1%)
OPHTHALMICS, GLAUCOMA DRUGS	COMBIGAN (Brimonidine/timolol)	Betaxolol (Generic for Betoptic) ISTALOL (timolol)
OTIC ANTIBIOTICS	Ciprofloxacin	ofloxacin (Generic for Floxin)
SEDATIVE HYPNOTICS		BELSOMRA (suvorexant)
STEROIDS, TOPICAL	Hydrocortisone **Rx lotion** Triamcinolone **lotion**	DERMACINRX SILAPAK (Triamcinolone/Dimethicone) Fluocinonide Cream, Ointment, Gel Fluocinonide Emollient
STIMULANTS, ADHD, AND RELATED DRUGS	Guanfacine Extended Release (Generic for Intuniv)	EVEKEO (Amphetamine Sulfate) APTENSIO XR (Methylphenidate)

The complete PDL is available at, https://nebraska.fhsc.com under the "Preferred Drug List" tab: (***PDL Document, effective 01/13/2016***). For further information, please contact Jenny Minchow R.P., Pharm.D. at (402) 471-9109, or by email at dhhs.MedicaidPharmacyunit@nebraska.gov.