

To: All Providers Participating in Nebraska Medicaid Program
From: Kevin Bagley, Director *KB*
Date: June 30, 2021
Re: Changes to Preferred Drug List and Hepatitis C Criteria

This provider bulletin is being issued to notify Medicaid providers of upcoming changes to the Nebraska Medicaid preferred drug list, effective July 15, 2021, which was reviewed at the May 2021 Pharmaceutical and Therapeutics committee meeting. Additionally, coverage criteria for Hepatitis C treatment will change on July 1, 2021.

Hepatitis C

On **July 1, 2021**, coverage criteria for Hepatitis C will be extended to provide authorization for payment of antiviral treatment for Medicaid-eligible individuals with a METAVIR fibrosis score of F0. Prior authorization requests should be submitted to the member's health plan. Revised authorization criteria will be posted under the 'Prior Authorization' tab on <https://nebraska.fhsc.com> beginning July 1, 2021.

Preferred Drug List

On May 12, 2021, the Nebraska Medicaid Pharmaceutical and Therapeutics Committee convened through a virtual meeting and reviewed 68 therapeutic classes of drugs on the preferred drug list. Changes reviewed by the committee will be implemented **July 15, 2021**.

Some of the highlighted changes to the preferred drug list are detailed below. For the complete listing of the preferred drug list with upcoming changes, please see the Pharmacy Magellan Medicaid Administration website at <https://nebraska.fhsc.com> under the 'Preferred Drug List' tab.

A few of the highlighted changes include:

- *Opioid Dependence Treatments*: buprenorphine SL and buprenorphine/naloxone tablets moved to the preferred position.
- *Hepatitis C Treatments*: sofosbuvir/velpatasvir (authorized generic) moved to the preferred position.
- *Hypoglycemics, Incretin Mimetics/Enhancers*: Trulicity moved to the preferred position.

The approved changes can be found at the following link:

<https://nebraska.fhsc.com/PDL/PDLlistings.asp>

Prior authorization criteria for certain preferred and non-preferred drugs may also be found on the website named above. Requests for prior authorization should be submitted to the member's plan:

Nebraska Total Care

Phone: 1-844-330-7852, or

Fax: 1-866-399-0929, or

www.covermy meds.com/epa/envolverx/

UnitedHealthcare Community Plan of Nebraska

Phone: 1-800-310-6826, or

Fax: 1-866-940-7328, or
www.unitedhealthcareonline.com

Healthy Blue Nebraska
Phone: 1-833-388-1406, or
Fax: 1-833-370-0702
<https://www.healthybluene.com>

Nebraska Medicaid Fee-For-Service (Magellan Rx)
Phone: 1-800-241-8335, or
Fax: 1-866-759-4115, or
https://nebraska.fnsc.com/Downloads/NEfaxform_MedicalNecessity-201210.pdf

Questions regarding this bulletin may be sent to DHHS.Medicaid.PharmacyUnit@nebraska.gov

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.